

Application Data Sheet**Application Information**

Application number::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: None

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: NITROSATED AND NITROSYLATED
CARDIOVASCULAR COMPOUNDS,
COMPOSITIONS AND METHODS OF USE

Attorney Docket Number:: 102258.172US5

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: David
Middle Name:: S.
Family Name:: GARVEY
Name Suffix::
City of Residence:: Dover
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 10 Grand Hill Drive
City of mailing address:: Dover
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02030

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: L.
Middle Name:: Gordon
Family Name:: LETTS
Name Suffix::
City of Residence:: Dover
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 12 Abbott Road
City of mailing address:: Dover
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02030

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France

Status:: Full Capacity
Given Name:: Manuel
Middle Name::
Family Name:: WORCEL
Name Suffix::
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 20 Gloucester Street, No. 4
City of mailing address:: Boston
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02115

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Ricky
Middle Name:: D.
Family Name:: GASTON
Name Suffix::
City of Residence:: Malden
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 252 Kennedy Drive, No. 512
City of mailing address:: Malden
State or Province of mailing address:: MA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 02148

Correspondence Information

Correspondence Customer Number:: 25270

Representative Information

Representative Customer Number:: 25270

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	371 of	US04/026909	08/20/04
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/496,639	08/20/03
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/496,722	08/20/03
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/496,810	08/21/03
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/498,291	08/28/03
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/498,308	08/28/03
US04/026909	An application claiming the benefit under 35 USC 119(e)	60/530,643	12/19/03

Assignee Information

Assignee name:: NitroMed, Inc.
Street of mailing address:: 125 Spring Street
City of mailing address:: Lexington
State or Province of mailing address:: MA
Country of mailing address:: United States
Postal or Zip Code of mailing address:: 02421-7801